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ABSTRACT

Americans must accept the notion that each and every American is responsible for each and every child and the United States must develop a national children's policy encompassing concerns that influence children's health. There are at least four fundamental steps that the United States can take to improve children's health in the 1990s. They are: (1) embrace a broad view of children's health to encompass environmental and educational needs; (2) provide universal access to high quality health care, regardless of income levels; (3) reduce poverty; and (4) develop and maintain surveillance systems to keep children from falling through the cracks of the existing health care system. In addition, there are numerous specific programs that improve children's health currently being used in Canada and Europe that could be adopted for the United States. Programs focus on health visits, health insurance, preschool care, community health stations providing access to care, and pre- and postnatal care clinics. The foregoing conclusions were reached at the Conference on Cross-National Comparisons of Child Health, a conference held in March 1990 in Washington, D.C. (RH)

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A PROMISE TO KEEP

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WHAT THE US CAN LEARN FROM OTHER COUNTRIES TO IMPROVE CHILD HEALTH

A PROMISE TO KEEP

"We need a children's policy. Medical care is only one factor that impacts on child health."

Birt Harvey, M.D.
1989-90 AAP President

"We need to promote the idea that each and every one of us has a responsibility for the well-being of each and every child. Children are our future and we have a responsibility to tend to that future."

Antoinette Eaton, M.D.
1990-91 AAP President

PROMISES TO KEEP: STRATEGIES TO IMPROVE CHILD HEALTH

"What we have failed to recognize up until now is that when children start out with medical, social and educational deficits, they will be contributing to the federal deficit every day of their lives thereon."

Rep. George Miller (D-Calif.)

Chairman,

U.S. House Select Committee on Children, Youth and Families

"Insurance that covers the front-end services that can prevent more costly high-tech care down the road is sensible and it's also very cost effective ... The issue involves short-term vision versus long-term vision."

Former U.S. Senator Lawton Chiles
Chairman, National Commission To Prevent Infant Mortality

Dr. Pless presented data showing that in 1960, before health insurance was introduced in Canada, death rates were generally similar to those in the United States. Since introduction of universal health insurance, child mortality has improved at a much higher rate than in the United States for each age group.

Dr. Pless also pointed out that Canada's poverty rates are not that dissimilar from U.S. poverty rates, and that a high poverty rate only strengthens arguments in favor of universal health coverage. He concluded that the Canadian system does a better job at controlling costs, as well as providing full access to health care for children, regardless of a family's ability to pay.

Reducing Injuries

When the U.S. injury rate among children aged 14 years old and younger is compared to rates in Canada, England, France, Norway and the Netherlands, the United States consistently ranks highest. These other countries have implemented many successful methods to decrease injuries from motor vehicle accidents, poisonings, fires, drownings, firearms, suicide and homicide.

Every year in the United States, one in four children younger than 15 years old is injured seriously enough to seek medical care

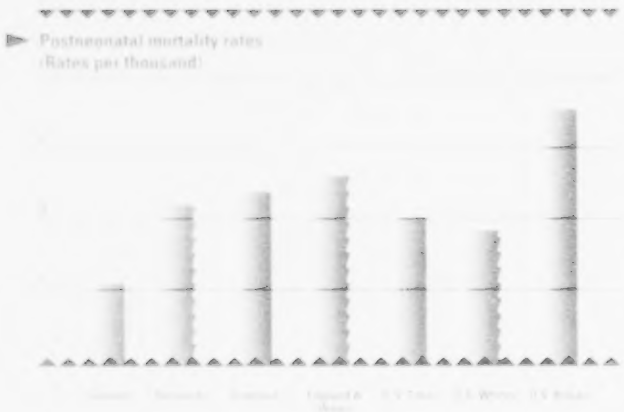
Preschool Care

Michel Manciaux, a former director general of the International Children's Center who serves as a technical advisor to the state secretary in charge of family affairs in France, described the relationship between universally available preschool and access to preventive health care services. In France, day care programs are available for infants and young children until the child enters compulsory elementary school at age 6 years.

Manciaux described day care in France as "a blend of child care, education and health services based on free full-day preschool programs, subsidized day care centers and licensed care in private homes for infants and toddlers." Nearly 100 percent of French children aged 3 to 5 years participate in state-run preschool programs. Manciaux described the systematic health care provided by a maternal and child health team for all children who attend preschool. The MCH team (doctor, child nurse and psychologist) conducts a comprehensive health screen for each child and consults with the child's school team and parents, and provides advice and necessary referrals. Follow-up, which assures that all children receive the necessary treatment, occurs in about 80 percent of all cases.

U.S. citizens seem "to take refuge behind your pluralism as an excuse to neglect people."

Hans Verbrugge, M.D. Medical Officer of Maternal and Child Health Care, Department of the Chief Medical Officer of Health, The Netherlands



Access to Care, Community Health Stations

"The more poor a nation has, the more compelling the need for health insurance."

I. Barry Pless, M.D. Chairman, Canadian Institute of Child Health

Pre and postnatal care clinics

"If there's anything that can be done to help children's health it's to reduce poverty rates."

C. Arden Miller, M.D.
Professor of Maternal and Child Health, School of Public Health, University of North Carolina

CROSS-NATIONAL CONFERENCE: A PROMISING START

What was the Cross-National Conference?

Who attended the Conference?

"Sometimes it's all too easy for politicians to jump at comparisons of other countries. But, clearly, there are some areas we can compare -- and change."

— Rep. George Miller (D-Calif.)